

**MERCER COUNTY SURROGATE'S COURT**  
**Diane Gerofsky, Surrogate**

**INFORMATION SHEET TRUSTEESHIP**  
**INDIVIDUAL**

1. Trustee(s) name and residing address and mailing address if it is different from residing: \_\_\_\_\_  
\_\_\_\_\_

Telephone No(s): \_\_\_\_\_

2. Where and when does the Trustee(s) wish to qualify?  
\_\_\_\_\_

3. Trust created under \_\_\_\_\_  
(State under what Article or Paragraph or Item of the Will was the Trust created)

4. Specific Trust Title: \_\_\_\_\_  
(example for the benefit of a specific person (who), Family Trust, Marital Trust, Complex Trust, Simple Trust, Credit Shelter Trust, Charitable Trust, etc.)

5. Name of Trust Beneficiary                      Residing Address                      Interest under Trust

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. The initial Trusteeship fee includes 1 trustee short certificate, do you wish to order any additional trustee shorts? \_\_\_\_ Yes \_\_\_\_ No. How many? \_\_\_\_\_

7. Is the trustee(s) appearing in the Trenton office? \_\_\_\_ Yes \_\_\_\_ No

8. Is the trustee(s) appearing at a satellite office? \_\_\_\_ Yes \_\_\_\_ No  
(if, yes, what date \_\_\_\_\_? Which Satellite office?:

Lawrence Satellite \_\_\_\_\_  
Pennington Satellite \_\_\_\_\_  
Ewing Satellite \_\_\_\_\_  
Hamilton Satellite \_\_\_\_\_  
East Windsor Satellite \_\_\_\_\_  
Princeton Twp. Satellite \_\_\_\_\_

**PLEASE NOTE:** When making your appointment with the Surrogate's Court for a satellite office, kindly return or fax this sheet to this office at least 24 hours prior to your appointment.

**MERCER COUNTY SURROGATE'S COURT**  
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